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EDITORIALS

"DOCTOR SHORTAGE"—WITH REFERENCE TO CALIFORNIA

"Shortage," a Word of Increasing Use.—"Shortage," defined in the dictionary as "a deficiency in quantity," is a word now-a-days heard with increasing frequency in relation to many supposed or real needs of the population of the United States. When used in the term, "Doctor Shortage,"—a caption frequently catching the eyes of readers during perusal of editorials, letters from the people, special and other articles so often appearing in the lay press, it takes on special significance, especially to members of the medical profession. Because, during recent years, so much space has been given in print to voluminous discussion of supposedly "inadequate medical care," the "Doctor Shortage" legend assumes special interest in these wartime days.

Citizens of our own country have become so accustomed to receive a high type of professional care, with hospital and other accessory aids, for the alleviation of their physical and mental ills, that it is now somewhat difficult for many persons to differentiate between essential and non-essential medical service. In other words, it is hard for them to distinguish between care sufficient to safeguard health and life, and that additional supervision that partakes of the nature of what might be called "luxury medicine and care."

Be that as it may, the members of the public will be obliged to accommodate themselves to the new order in regard to medical service, just as they are learning to readjust their habits concerning food, clothing and housing.

* * *

The Pool of Available Physicians for Civilian Practice Approximates 80,000.—With a realistic pool of about 136,000 Doctors of Medicine available for both military and civilian needs, —of whom, by now, more than 40,000 have been inducted into the Armed Services, and with some 11,500 to follow during the current calendar year, —there are left from the total of 136,000 physicians in the available pool, only about 80,000, or so, who can be used in active civilian practice.

Since a total of 176,000 physicians is listed as being in active practice in the United States (when no deductions for incapacity through age or other deficiencies are made)—it follows that the civilian population of our Country will be obliged to get along with about one-half the number of Doctors of Medicine citizens formerly

enjoyed, and,—whether they like it or not,—begin to get accustomed to the new arrangements.

* * *

Increased Work for Physicians.—It naturally follows that the new set-up throws much additional work upon the physicians who yet remain in civilian practice. However, if a clearly outlined educational program is carried through with patients, it may still be possible to prosecute medical work with very fair efficiency and no loss of standards, and meet all fundamental medical practice needs. Of course, in case of widespread epidemic or other catastrophes, the picture will have different hues. But there also, with proper foresight and planning, it should be possible to maintain organization or group effort of kind that will provide essential and basic care, both in amount and quality, sufficient to prevent unnecessary loss of life.

* * *

Questionnaire of C.M.A. Council.—The Council of the California Medical Association recently circularized the component county medical societies regarding doctor shortage problems in their respective communities. It is gratifying to know, while physicians almost everywhere are working harder than in pre-war days,—that the medical needs of the respective communities and areas throughout the State are being met in fairly adequate fashion. Further, that in a few of the places where medical service hardships seemingly do exist, the basic trouble is not so much because of inability of the attending physicians of the district to give proper care to families, but rests rather on other governmental regulations and directives dealing with supplies of gasoline, tires and traffic accessories, which prevent citizens from going to the available physician or physicians. In other words, the hardships due to such factors are being plastered on the medical profession instead of on the governmental agencies not identified with public health activities, who, really, are the blameworthy agencies.

The proponents of some socialized and state medical schemes will no doubt use existing conditions to prove that a larger number of physicians and hospitals are needed. These advocates show their incapacity to see the problem through. The mere fact that standards of public health are being maintained with 80,000 physicians instead of 176,000 Doctors of Medicine in active practice, and when also, fewer hospital beds are available,—owing to taking-over of many civilian hospitals by military authorities,—indicates how far astray the exponents of theoretical expositions on medical care have wandered from the realistic approach.

As before stated, it is gratifying to learn,—in spite of the fact that 40,000 to 50,000 of our younger Doctors of Medicine are now with the Armed Forces,—that the maintenance of health and conservation of life of our fellow citi-

zens throughout the Union has been and is being maintained in quite satisfactory manner. As actual needs arise, means will undoubtedly be found to meet the situations.

ANNUAL SESSION IN LOS ANGELES—SUNDAY, MAY 2 AND MONDAY, MAY 3, 1943

Important to Make Transportation and Hotel Reservations.—A two-day, streamlined annual session, to be held in Los Angeles on Sunday, May 2nd and Monday, May 3rd, with Hotel Biltmore as headquarters, received editorial comment in the December issue of CALIFORNIA AND WESTERN MEDICINE.

The general plan then outlined will be carried through. All indications point to a successful gathering. The attendance should be good because the Los Angeles County Medical Association, with a membership of some 2,826 physicians in itself is sufficiently large to make possible an excellent registration.

Sunday, for the first time, has been selected as the opening day of an annual session, since it will be more convenient for physicians to arrange their work for a brief two-day vacation over Saturday, Sunday and Monday, than during other days of the week.

In the January number of CALIFORNIA AND WESTERN MEDICINE, on pages 32-34, a preliminary list of hotels with rates, and of transportation schedules, was given. It is important for all who wish to travel or to make hotel reservations that these be arranged well in advance. *Do not neglect to make these reservations.*

* * *

Skeleton Form of Scientific Program.—The scheduled arrangement of the program as finally decided upon, contemplates three general meetings: a meeting on Sunday morning, especially for reports of officers and topics related to organized medicine, such as medical service and hospitalization problems; on Sunday afternoon, medical and surgical topics; and on Monday morning, medical and surgical subjects, and clinical-pathological conference.

Concerning the phases of medicine and surgery upon which emphasis will be placed, the Committee on Scientific Work has agreed to stress the following:

1. Communicable Diseases (tropical and diseases such as typhus, influenza, and malaria).
2. Practical Points in Civilian Disaster Relief (with consideration of problems actually found important in disaster):—burns, shock, and other major points in disaster management.
3. Nutrition Problems, in relation to food shortage and other conditions.
4. New Problems in Wartime Industry.

Guest speakers, whose names are well known in medical literature have been invited. The "Pre-Convention Bulletin" which appears in the April issue of CALIFORNIA AND WESTERN MEDICINE, will give detailed information.